

Earl Gavin
300 Marion Ave
Gaffney SC 29341
12/29/2017

Trans Union
P.O. Box 2000
Chester, PA 19022

Final Request Pursuant to 15 U.S.C. § 1681g(a)(1)

To whom it may concern:

I am writing in regard to your response to my initial request for my ***Full Consumer File Disclosure***. My request was very specific and I provided the exact sections of the FCRA which require you to provide it to me (see copy of my original letter attached). Your response was not correct in that you did not provide the ***Full Consumer File Disclosure*** as requested. I will once again state that I am requesting my ***Full Consumer File Disclosure*** pursuant to 15 U.S.C. § 1681g(a)(1) to include all other such information listed specifically in my initial letter. No response by you other than providing the ***Full Consumer File Disclosure*** as required by the FCRA will be appropriate or accepted by me.

My initial letter was my first request for the ***Full Consumer File Disclosure*** within the past 12 months and there is no provision in the FCRA which allows you to charge me for it. I expect your full compliance with the law and for me to receive my ***Full Consumer File Disclosure*** in a timely manner as required by the FCRA. Your failure to do so will result in me initiating legal action against you to force compliance under the law. Your timely response is appreciated. Act accordingly.

Once again as was provided with my initial request, I am enclosing a copy of my driver's license and Social Security Card for identification purposes. You are instructed to mask the first five digits of my Social Security Number in all writings you return to me.

Thank you in advance for promptly satisfying this request.

Thank You

Earl Gavin

Attached:

Copies of my Social Security Card & Driver's License
Sent: USPS Certified Mail # 7016-3560-0001-1458-8676
Return Receipt Requested

Ex 1

Earl Gavin * 300 Marion Ave * Gaffney SC 29341

11/7/17

Trans Union
P.O. Box 2000
Chester, PA 19022

Full File Disclosure Request pursuant to 15 U.S. Code 1681g(a)(1).

To Whom it may concern:

Please send me in writing ALL INFORMATION in my consumer file at Trans Union as of the date that you receive this letter regardless of how or where it is stored; pursuant to 15 U.S. Code 1681g(a)(1). Mask the first five digits of my Social Security Number in all writings you return to me.

In addition, I am requesting:

1. Pursuant to 15 U.S. 1681g(a)(2), all sources of information in my consumer file at Trans Union.
2. Pursuant to 15 U.S. 1681g(a)(3)(A), the identification of each person that procured a consumer report on me from Trans Union.
3. Pursuant to 15 U.S. 1681g(a)(3)(B), the name, trade name, address, and telephone number of each person identified under 15 U.S. 1681g(a)(3)(A).
4. Pursuant to 15 U.S. 1681g(a)(4), the dates, original payees, and amounts of any checks in my consumer file at Trans Union used to adversely characterize me
5. Pursuant to 15 U.S. 1681g(a)(5), a record of all inquiries received by Trans Union in the year preceding the receipt of this request that identified me in connection with a credit or insurance transaction that I did not initiate

This is a request for a full file disclosure to include all obsolete and archived information as permitted by the Fair Credit Reporting Act. It is my first full file disclosure request for this calendar year from Trans Union.

Thank you in advance for promptly satisfying this request.

Thank You,

Earl Gavin

Attached:

Copies of my Social Security Card & Driver's License
Sent: USPS Certified Mail # 7017-1450-0001-6355-9954

7017 1450 0001 6355 9954

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
WOODLYN, PA 19094	
Certified Mail Fee \$3.35	0301 16 Postmark Here 11/07/2017
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.49	
Total Postage and Fees \$3.84	
Sent To: TRANSUMION	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® WOODLYN PA 19094-0805	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7017 1450 0001 6355 9930

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
ATLANTA, GA 30348	
Certified Mail Fee \$3.35	0301 16 Postmark Here 11/07/2017
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.49	
Total Postage and Fees \$3.84	
Sent To: EQU FAX	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® ATLANTA GA 30348	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7017 1450 0001 6355 9893

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
ALLEN, TX 75013	
Certified Mail Fee \$3.35	0301 16 Postmark Here 11/07/2017
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$0.00	
Postage \$0.49	
Total Postage and Fees \$3.84	
Sent To: Experian	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® ALLEN TX 75013	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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CHESTER, PA 19016

Certified Mail Fee	\$3.45	0340
Extra Services & Fees (check box, add fee)	\$0.00	14
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.50	
Total Postage and Fees	\$3.95	02/24/2018

Sent To **TRANSUNION**
Street and Apt. No., or PO Box No.
City, State, ZIP+4® **Chester, PA 19016**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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CHESTER, PA 19016

Certified Mail Fee	\$3.35	0340
Extra Services & Fees (check box, add fee)	\$0.00	14
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.84	01/13/2018

Sent To **TRANSUNION**
Street and Apt. No., or PO Box No.
City, State, ZIP+4® **Chester, PA 19016**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to: TRANSUNION P.O. Box 2000 Chester PA 19016</p> <p>2. Article Number (Transfer from mailpiece) 7016 3560 0001 1458 8676</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™
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CRUN LYNE, PA 19022

Certified Mail Fee	\$3.45	0301
Extra Services & Fees (check box, add fee)	\$0.00	16
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.94	01/29/2016

Sent To **TRANSUNION**
Street and Apt. No., or PO Box No.
City, State, ZIP+4® **Chester PA 19022**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 1450 0001 6351

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CHESTER, PA 19016

Certified Mail Fee	\$3.35	0301 13 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.84	
Sent To: TRANSUNION		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®: Chester PA 19022		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 731

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CRUM LYNN, PA 19022

Certified Mail Fee	\$3.35	0301 03 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.84	
Sent To: TRANSUNION Consumer Solutions		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®: Chester PA 19022		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 3560 0001 1458 8676

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CHESTER, PA 19016

Certified Mail Fee	\$3.35	0301 13 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.84	
Sent To: TRANS UNION		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®: Chester PA 19016		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7015 0640 0007 7380 7946

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CRUM LYNN, PA 19022

Certified Mail Fee	\$3.35	0301 13 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.84	
Sent To: TRANSUNION Consumer Solutions		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®: Chester PA 19022		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 3560 0000 8924 9763

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For delivery information, visit our website at www.usps.com

CHESTER, PA 19016

Certified Mail Fee	\$3.35	0340 13 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.84	
Sent To: TRANSUNION		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®: Chester, PA 19022		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 3560 0001 1458 8690

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CHESTER, PA 19016

Certified Mail Fee	\$3.35	0301 30 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	\$0.00	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
Postage	\$0.49	
Total Postage and Fees	\$3.84	
Sent To: TRANSUNION		
Street and Apt. No., or PO Box No.		
City, State, ZIP+4®: Chester PA 19022		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

File Number: ~~XXXXXXXXXX~~
 Date Issued: 01/04/2018

Page: 1 of 2



Personal Information

SSN: XXX-XX-2891

You have been on our files since 03/01/2001

Date of Birth: ~~02/26/1988~~

Names Reported: EARL GAVIN EUGENE JR and EARL GAVIN

Addresses Reported:

Address	Date Reported
300 MARION AVE, GAFFNEY, SC 29341-1840	03/02/2014

Telephone Numbers Reported:

(864) 489-0624 (864) 488-9366 (864) 902-9348

Employment Data Reported:

Employer Name	Date Verified
AMERICAN CREDIT ACCEPTANCE	07/22/2015

Promotional Inquiries

TRANSUNION CONSUMER INTE (100 CROSS STREET, SAN LUIS OBISPO, CA 93401, (805) 782-8282)
 Requested On: 11/16/2017

Account Review Inquiries

TRANSUNION CONSUMER INTE (760 MARKET STREET 10TH FLOOR, SAN FRANCISCO, CA 94102, (800) 934-4031)
 Requested On: 12/25/2017

TRANSUNION CONSUMER INTE (100 CROSS STREET, SAN LUIS OBISPO, CA 93401, (805) 782-8282)
 Requested On: 11/15/2017

289352055 via TRANSUNION INTERACTIVE (100 CROSS STREET 202, SAN LUIS OBISPO, CA 93401, (800) 493-2392)
 Permissible Purpose: CREDIT MONITORING
 Requested On: 10/11/2017

P123919764E11875693 via IPLACE46 (535 ANTON BLVD SUITE 100, COSTA MESA, CA 92626, (949) 567-3762)
 Permissible Purpose: WRITTEN AUTHORIZATION
 Requested On: 10/11/2017

CONSUMERINFO via CIEXP CSIDPROD (535 ANTON BLVD SUITE 100, COSTA MESA, CA 92626, (949) 567-3762)
 Permissible Purpose: CONSUMER REQUEST
 Requested On: 09/27/2017

DIR TO CONS VIA EQUIFAX (1550 PEACHTREE NW STREET, ATLANTA, GA 30309, (225) 926-6161)
 Requested On: 05/14/2017

TU INTERACTIVE (100 CROSS ST, 202, SAN LUIS OBISPO, CA 93401, (844) 580-6816)
 Requested On: 01/28/2017, 01/27/2016

FACTACT FREE DISCLOSURE (P O BOX 1000, CHESTER, PA 19016, (800) 888-4213)
 Requested On: 01/28/2017, 01/27/2016

DELTA MANAGEMENT ASSOC (100 EVERETT AVENUE, SUITE 6, CHELSEA, MA 02150, (800) 688-6337)
 Requested On: 04/18/2016



To dispute online go to: <http://transunion.com/disputeonline>

nnnnnn 02 03 000008 000023



Request for Your TransUnion Personal Credit Report

STEP 1

Fill out your personal information

*Optional

Shows collecting & retrieving info not on credit report

First Name	Middle Name	Last Name	Suffix (Jr, Sr)
Social Security Number		Date of Birth	
Name of Employer*		Your eMail Address*	
Driver's License Number*		State of Issue*	

Current Address

If a military address, write APO or FPO for city and one of these abbreviations for state:

AA Armed Forces Americas
AE Armed Forces Africa, Canada, Europe or Middle East
AP Armed Forces Pacific

Street Address			Apt. No.
City	State	Zip Code	
Home Phone Number		Work/Alternative Phone Number	

Previous Address

If you have moved in the past two years, please enter your previous address.

Previous Address			Apt. No.
City	State	Zip Code	

STEP 2

Determine if you qualify for a FREE Personal Credit Report

For items 1-5, a TransUnion credit file must have been the basis for the adverse credit decision.

You may be eligible for a FREE Personal Credit Report under the Federal FACT Act. For information, please visit www.annualcreditreport.com

Free Annual Reports and TransUnion Reports are accessible to the Vision Impaired. On-line reports are compatible with screen readers. Accessible formats can be requested by telephone or by mail: please specify Braille, audio or large print.

- ☐ 1. Within the last 60 days, I was denied credit or was notified of another credit-related adverse action.

Name of Credit Generator Date of Denial Letter

- ☐ 2. Within the last 60 days, I was denied employment - By Whom?

- ☐ 3. Within the last 60 days, I was denied insurance - By Whom?

- ☐ 4. Within the last 60 days, I was denied a government license or benefit - By Whom?

- ☐ 5. Within the last 60 days, I was denied a housing/rental apartment - By Whom?

- ☐ 6. I am unemployed and intend to apply for employment (limited to 1 free report per 12 mos.)

Company Worked for Last

Company's Address Company's Phone Number

- ☐ 7. I am a recipient of public welfare assistance (limited to 1 free report per 12 mos.)

Welfare Office I am Registered With

Name of Case Worker Phone Number for Case Worker

- ☐ 8. I certify that I have reason to believe that my TransUnion credit file contains inaccurate data due to fraud.

- ☐ 9. None of the above apply to me Please check the next page for pricing.

FCRA allow Free copy of consumer file Disclosure once per year/evry 12 mth.